



***City of DuPont & All Sports have joined together to offer  
Spring King Cobras Track Club  
Steilacoom DuPont Lakewood***

**April 18<sup>th</sup> thru July 27<sup>th</sup>**

**Practice: Monday, Tuesday & Wednesday 6:00 -7:15 PM Saturday 9:00-10:30 AM**

**Ages 4 thru Adult**

**Distance runs to include Sequelitchew Creek for qualified runners**

**Meets: Wednesdays at Sparks Stadium in Puyallup (optional)**

**Some participants may qualify for post season meets**

**Optional meets are \$7 and payable to meet coordinator during the season**

**Coaches are Level 1 USATF certified**

**Practices are held at Pioneer Middle located at**

**1750 Bob's Hollow Lane, DuPont, WA**

**For registration information, call or email Parks & Rec at (253) 912-5245**

**parksandrec@dupontwa.gov**

**For program questions or information, call Mark Brinkhaus at (253) 948-2401**

**COST: \$85 before March 1<sup>st</sup>, \$105 after March 1st (cost includes tax)**

**Uniform fee \$35 (unless you have last year's uniform)**

**Bring water bottle and running shoes**

**All Participants must have a signed concussion form on file with the City of DuPont**

**----- PLEASE DETACH HERE -----**

**Event/Class Name: All Sports Track**

**Fee: \$85/\$105**

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Uniform \_\_\_\_YS\_\_\_\_YM\_\_\_\_YL\_\_\_\_YXL\_\_\_\_AS\_\_\_\_AM\_\_\_\_AL\_\_\_\_AXL

**Parent/Guardian Permission/Medical Consent**

Parents/Guardians of all participants are requested to sign the following release. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of DuPont, Steilacoom School District, Clover Park School District, team sponsors, supervisors, officials, coaches, volunteers and persons transporting myself or my/our child for any claim arising from injury to myself or my/our child.

Furthermore, in case of an emergency, and my child should require medical attention, I give permission for a coach, or the coaches designee, to secure the emergency medical attention required. Any direction to the contrary should be noted and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

X \_\_\_\_\_  
**Participant's Signature (or guardian if minor)      Printed Name      Date**

**Mail or Deliver to: City Hall:1700 Civic Drive DuPont, WA 98327 (Payable to City of DuPont)**